

United States District Court – Northern District of California

INTERPRETER INVOICE (REV. 1/7/11)

Original to be submitted within 30 days of date of service

Service Date:	Language:
Interpreter Name (please print):	

Judge	Case #	Judge	Case #	Judge	Case #

(A) Interpreter Fee

Hired for: AM Only 8:30-12:30	Hired for: PM Only 1:00-5:00	Hired for: Full Day 8:30-5:00	<u>Overtime / Special Arrangement</u> Enter <i>start</i> and <i>end time</i> worked over and above time hired for or by arrangement	Fee
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>		\$

(B) This section for authorized mileage for **TRAVEL EXCEEDING 30 miles one-way (home to court)**

Departure Time & City (Home to Court) City _____	Arrival Time & City (Court) City _____	Miles Traveled (Round Trip)	\$.51 per mile (Confirm correct mileage rate)	Other Authorized Expenses (Parking, tolls, bus, travel time)	Total Claimed
Time _____ .m.	Time _____ .m.		\$		\$ +
Departure Time & City (Court to Home) City _____	Arrival Time & City (Home) City _____			Parking; tolls; public transport: \$ _____ Unless using Extraordinary Expense form	\$ +
Time _____ .m.	Time _____ .m.			Travel Time: _____ hrs. \$	\$ +
Total of extraordinary expenses - airfare, hotel, meals & incidental expenses from separate (C) <u>Summary Extraordinary Expenses</u> form ➔ +					\$ +
Total Travel Expenses Claimed					\$
Grand Total: (A) Fee + (B) Expenses + (C) Extraordinary Expenses)					\$

Certification

I hereby certify that I rendered the services described herein, that said services were rendered in accordance with the Contract Court Interpreter Services Terms & Condition, and that no other federal court unit, FPD, Community Defender Organization, or other attorneys or entities obtaining interpreting services under the CJA or the Defender Services appropriation has been or will be billed for the same period of service or travel expenses.

Date:	Interpreter's Signature:
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For Official Use Only

I certify the above services were received and total claimed is proper for payment.

Date:	Interpreter Coordinator:
Date:	Certifying Officer:
PR:	Voucher: